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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

A
PATENT
Date: March 6, 2000
File No. 1924.63673

03/06/00
Jc511 U.S. PTO
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03/06/00
09519526-030600
Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Yu Minakuchi, Mitsuru Osawa,
Takayuki Yamamoto

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

03/06/00
Date

Express Mail Label No.: EL409491170US

For: INFORMATION DISTRIBUTION CONTROL
SYSTEM, INFORMATION DISTRIBUTION CONTROL
METHOD, COMPUTER READABLE RECORDING
MEDIUM FOR RECORDING INFORMATION
DISTRIBUTION CONTROL PROGRAM, INFORMATION
REPRODUCTION APPARATUS, AND COMPUTER
READABLE RECORDING MEDIUM FOR RECORDING
INFORMATION REPRODUCTION CONTROL PROGRAM

Enclosed are:

- (X) 84 pages of specification, including 10 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () _____ sheet(s) of informal drawing(s).
- (X) 14 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED.
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- (X) Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 690.00
b) Independent Claims	<u>7</u>	-	3	=	<u>4</u>	x \$ 78.00 = \$ <u>312.00</u>
c) Total Claims	<u>10</u>	-	20	=		x \$ 18.00 = \$ _____
d) Fee for Multiple Claims						\$260.00 = \$ _____
Total Filing Fee						\$ <u>1,002.00</u>

- () _____ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ _____
- (X) A check in the amount of \$ 1,002.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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